

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878) | | | | | | SERIAL NO. 10/031529 | FILING DATE |
|--|------|------------------------|------|------------------------|------|--------------------------------|-------------|
| | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
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| TOTAL DEP. | | | | | | TOTAL DEP. | |
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